

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

Middle

District of

Tennessee

WERNER AERO SERVICES, On Behalf Of Itself
And All Others Similarly Situated

SUMMONS IN A CIVIL ACTION

V.

CHAMPION LABORATORIES, INC. et al.

CASE NUMBER: 3 08 0474

TO: (Name and address of Defendant)

ArvinMeritor, Inc.
C/o CT Corporation System, Registered Agent
800 South Gay Street, Suite 2021
Knoxville, TN 37929

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Kevin H. Sharp
Drescher & Sharp, PC
1720 West End Avenue, Suite 300
Nashville, TN 37203

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

KEITH THROCKMORTON

MAY - 9 2008

CLERK

DATE

R. Muller

(By) DEPUTY CLERK

RETURN COPY

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	5-20-08
NAME OF SERVER (PRINT) Christy L. Hudson	TITLE	Paralegal
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served: <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input type="checkbox"/> Returned unexecuted: <input checked="" type="checkbox"/> Other (specify): <u>Certified Mail</u> <u>Return Receipt Requested</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00

DECLARATION OF SERVER	
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.	
Executed on <u>5-23-08</u> <small>Date</small>	<u>Christy L. Hudson</u> <small>Signature of Server</small> <u>1720 W. End Ave., Ste. 300</u> <u>Nashville, TN 37203</u> <small>Address of Server</small>

Return Receipt Requested	
SENDER: COMPLETE THIS SECTION <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	COMPLETE THIS SECTION ON DELIVERY A. Signature: <u>Ericka Phay</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by <u>MAY 20 2008</u> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: <u>Arvin Meritor, Inc.</u> <u>40 CT Corp. System</u> <u>800 S. Gay St., Ste. 2021</u> <u>Knoxville, TN 37929</u>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number <small>(Transfer from service label)</small> <u>7006 2150 0004 5207 2571</u>	